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26582 7590 12/20/2007

HOLLAND & HART, LLP
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Marcie F. King

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/732,837	12/11/2003	Andrew J. Cleveland	7273-70195-02	6796

TITLE OF INVENTION: POLYPHASE POWER DISTRIBUTION AND MONITORING APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	03/20/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
DESCHERE, ANDREW M	2836	307-013000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address) form PTO/SB/122 attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. Holland & Hart, LLP
2.
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for reexamination as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Server Technology, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Reno, Nevada

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.

- 4a. The following fee(s) are submitted:
 Issue Fee
 Publication Fee (No small entity discount permitted)
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 A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2623 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date March 20, 2008

36,232

Registration No.

Authorized Signature Gregory W. Osterloth

Typed or printed name Gregory W. Osterloth

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